TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

15754

-	14401					10	107
1.	PLACE OF DEATH a. COUNTY			NCE (Where dec			e before admission)
-	Kent	MARYLAND	a. STATE Maryla	and	b. coun Ken		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN				ve nearest town)
12	Chestertown	2 days	Cheste	ertown	8 vrs	. 14.	/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address					e. IS RESIDENCE
	Kent & Queen Anne's Hospit	tal	113 Ma	aple Ave	nue		ON A FARM? YES NOX
3.	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) Sarah	Letitia	Bailey	DEATH	11	2	1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female White WIDOWED	DIVORCED	9/20/1887	7	last birthday) 9 yrs.	Months Days	Hours Min.
10a dur		IND OF BUSINESS OR	11. BIRTHPLACE	(County & State,	or foreign country)	12. CITIZEN COUNTRY	OF WHAT
	Housewife				w Jersey	US	
13.	FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME			
10	Robert Richmond Stryker		Letitia		Staa	ts Str	yker
15		SOCIAL SECURITY ND. 17.	INFORMANT		Addres		
(10		4-09-8317 Н	lospital Rec	rorde	Cheste	rtown M	arvland
	18. CAUSE DF DEATH [Enter only one cause per II		OSPILAL NEC	Jords	Oneste		ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		Da -	- 0.06	2-00.	ONS	SET AND DEATH
	IMMEDIATE CAUSE (a) AMELY	ocardeal a	econep-	c par.	easer	M. 26	eny-
	DUE TO	, to. 0 -	An I Do	7 - 1	Do en a	20 (1	0012
	Conditions, if any, which gave rise to immediate (b)	Modeleres	re Caldio	vancera	1 desco	7	acc.
	cause (a), stating the DUE TO	1 00000	1	~ /	t line		
_	underlying cause last. (c)	or old Ru	ences	ellar	x alla	4	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CON	DITION GIVEN IN I	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
ICA						YI	ES NO
H	20a. ACCIDENT WAS UNDERLYING 20b. D	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in Pa	ert I or Part II of	f Item 18.)	
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home	farm. 20f.	(City or town)	(County)	(State)
MEDICAL	Hour a.m. While	Mot While fact	ory, street, office bldg	, etc.)			
Z	p.m. 19 at work		10/01		1-		
	21. I certify that (I) (this hospital) attended			19_66_, to_			hat (I) (we) last
	saw the deceased alive on 11/2	19 66, and the	at death occurred a				e stated above.
	22a. SIGNATURE	fs M	D. ATTENDING 1	L:50 P.M DIRECTOR [STAFF PHYS.	22b. DATE SI	4-66
	22c. PHYSICIAN'S		22d. ADDRÉSS				
	NAME (Type) Dr. H. P. Ross		Chesteri	own Ma	rvland		
238		23c. NAME OF CEMETER			CATION (CIty, to	wn or county)	(State)
	BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11/5/66	Bound Broo	k Com	Boun	d Brook	. New .	Jersev
24	FÜNERAL DIRECTOR	ADDRESS		REC'D BY REGIS		EGISTRAR'S SIGN	
	+1.1.00	Chestertown	Ma		1966 &	Charles	0
	1. Willis Mills		, MICI . DATE	max (1000	- Corces	ynoge

VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE h COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) ealer e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street-address) d. STREET ADDRESS YES NO K 3. NAME OF Middle Lost DATE Manth Day Year First OF DEATH DECEASED 1966 Mar (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 6. COLOR OR RACE DATE OF BIRTH S. SEX 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs DIVORCED 12. CITIZEN OF WHAT 10a. LISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? eduring mast of working life, even if retired) Si weak man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17) INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, pagar unknown) ((If yes give war ar dates of service) Korea . W. Z INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Hour a.m. While Nat While at wark 1966 19 6 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. tal/ - 16 1966, and that death accurred at 4457 6M, fram causes and an the date stated above. 11-26 saw the deceased alive an_ 22b. DATE SIGNED 22g. SIGNATURE STAFF PHYS DIRECTOR PHYS 22d._ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) (State) 23g. BURIAL CREMATION 23b. DATE THEREOF (Caunty) REMOVAL (Specify) unia REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR

1966

DATE

be executed within 24 hours after death. completely filled in by the funeral love corban popers. Pages 1 order y event, within 72 hours after death signed by the attending hysican and co burial-transit permit. Then please remov burial, cremation, or removol, ond in any o physician a OR ATTENDING PHYSICIAN: The low requires that the death certificate **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or attending physicion. has been certificate O FUNERAL DIRECTOR: After

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remove

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director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

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18/61

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15753 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Kent Kent MARYLAND Maryland c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) days Chestertown Chestertown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Rto # 2 Kent & Oueen Anne's Hospital YES NO 3. NAME OF Middle First Last 4. DATE Manth Day DECEASED OF 19 66 (Type or print) Reba May Bowers DEATH IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED 9/19/93 Female | White 10a. USUAL OCCUPATION (Give kind of wark done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY Housewife KEnt Co., Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joiner Mary Emma Pennington Robert N 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) No 218-20-6125 Hospital Records Chestertown, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), ond (c),) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) Hour o.m. factory, street, office bldg., etc.) Nat While at wark at work , 19 66, to 11/9 21. I certify that (I) (this hospital) attended the deceased fram. 19 66 that (1) (we) last 19_66, and that death accurred at_ ____M, fram causes and an the date stated above saw the deceased alive an 11/9 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. H. P. Ross Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 23a. BURIAL, CREMATION. (County) Burial (Specify) Chester Cemtery Chestertown. Md. **ADDRESS** 24. FUNERAL DIRECTOR Chestertown,

DATE

death funerol and ofter papers. Pages I by the tr executed within 24 hours = within 72 campletely filled remove corban event. ond in ony pe physicion o the deoth certificate offending physical . permit. cremotion, ar signed by the buriol-transit that burial, prior to aftending hos been for use Health O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital or certificate d f detache with the State Dept. TO FUNERAL DIRECTOR: After pe 3 page 3 directar, po should be f

10.1

VR A15 (4) 20 M 1/66

15754 CERTIFICATE OF DEATH 15757

1. PLACE OF DEATH					E (Where de	eceosed lived, it institut		ice befor	e admissi	on)/	
o. COUNTY			MARYLAND	o. STATE Marvla	nd	b. COUI	ueen	Anne	10		
Kent	(If autside carparate limit	he.	1 c. LENGTH OF STAY IN 1b			parate limits, write RUI					
	nd give nearest town)	15,	C. LENGTH OF STAT IN 10				AL UNG GIV	0 1100103	100011		
Chester			2 days	Templeville //							
d. NAME OF HOSPI	ITAL OR INSTITUTION (If n	at in haspital,	give street address)	d. STREET ADDRESS					e IS RESI ON A F		
Kent &	Queen Anne	s Hosp	ital	None					YES	NO X	
3. NAME OF		irst	Middle	Last	4. DA		th	Doy	Ye	ear	
(Type or print)		Susan	NMN	Breeding	OF DE	ATH 11		3	19	66	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER			R 24 HRS.	
Female	White	WIDOWED	DIVORCED	8/28/1886	5	last birthday) 80 yrs.	Manths	Days	Haurs	Min.	
10a. USUAL OCCUPATIO	N (Give kind of work done		IND OF BUSINESS OR	11. BIRTHPLACE (Cau	inty & State,	or fareign country)		TIZEN OF			
during mast af working	g life, even if refired) ife & Canne i		None			Delaware		IS			
13. FATHER'S NAME	tte a canne		None	14. MOTHER'S MAID	EN NAME	Deraware					
TAINER 3 HARE	Samuel			Unkn							
			Walls		OWII	A 11					
IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of corvice)		7. INFORMANT		Addre	225				
No No	/ // les dise sen or doies	2	13-16-7779 E	ospital Rec	ords	Cheste	rtown	Ma	arv1a	and	
The state of the s	DEATH (Enter only one ca	use per line for							ERVAL BE	TWEEN	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MASSIVE STROKE								ISET AND	DEATH	
11221	IMMEDIATE CAUSE (a)										
Conditions, if ony, which gave) (b) A S C ()								100			
rise to immedia	to course (a)	(b)	# 0. (.)	V. D				-			
stating the und		E TO									
last.											
PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								WAS AUT	OPSY	
ATION									PERFORMED? YES NO		
OR CONTRIBUTIN	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	JURY Manth, Doy, Year	204 1	INJURY OCCURRED 20e.	PLACE OF INJURY (Home,	form 2	Of. (City or town)	(Co	unty)		(State)	
20c. TIME OF IN	o.m.	While		factory, street, office bldg.,		on tent or rown,	144	,		(5.5.0)	
P	o.m. 19	ul wo			100						
21. I cerl	21. I certify that (I) (this haspital) attended the deceased fram 11/1 , 19 66, ta 11/3 , 19 66, that (I) (we) last										
saw the	saw the deceased glive an 11/3 19.66, and that death accurred atM, fram causes and an the date stated above.										
	220 SIGNATURE 4:45 A.M. 22b. DATE SIGNED										
	M.D. PHYS. DIRECTOR D PHYS. D 1/-4-66										
22c PHYSICIAN	22c. PHYSICIAN'S 22d. ADDRÉSS										
NAME (Typ		P. Ross		Chester	ctown,	Maryland					
23a. BURIAL, CREMAT			23c. NAME OF CEMETERY	OR CREMATORY	230	LOCATION (City or To	iwn)	(Caunty	()	State)	
REMOVAL (Special Buria.						emplevil	,		,		
		-66	Templevi	lle lac-	REC'D BY RE		EGISTRAR'S	Md	DE		
24. FUNERAL DIRECT	ok n	1	71001100	262					^	40	
Kon 2	Boul	us	Greensboro	, MICI . DATE	NOV 1	0 1986	Milea	rees	Jus	7	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15755 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Kent MARYLAND Kent c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) davs Chestertown Chestertown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 235 E. Kent Street Kent & Queen Anne's Hospital 3. NAME OF First Middle Lost 4. DATE Month DECEASED Medford (Type or print) Earl Capel IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) X WIDOWED DIVORCED 3/27/1887 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Queen Anne's Co., Md Supr. of Utilities 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillie Mae Carter William Henry Capel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dotes of service) Hospital Records Chestertown, Maryland No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Manth, Day, Year

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

Hour a.m.

saw the deceased alive an____

20d. INJURY OCCURRED While Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram_

11/3

20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)

20f. (City or town)

. 19 66 . to 11/3

(County)

25b. REGISTRAR'S_SIGNATURE

(Stote)

19.66, that (I) (we) last

(County)

WAS AUTOPSY PERFORMED?

NO

(State)

e. IS RESIDENCE ON A FARM?

Doy

Doys

12. CITIZEN OF WHAT

COUNTRY?

Manths

IIS

YES NO KS

Year

LIF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

AND DEATH

M, fram causes and an the date stated above. 22b. DATE SIGNED STAFF PHYS.

PHYS. 22d. ADDRESS

19 66, and that death accurred at_

Chestertown, Maryland

DIRECTOR

RUPIAL, CREMATION, REMOVAL (Specify)	13b. DATE THEREOF	23c. NAME OF LEMETERY OR CREMATORY	return	23d. LOCATION	(City or Town)
FUNERAL DIRECTOR	Welliam	Chestertown met	DATE N	REGISTRAR OV O	25b. REGIS

VR A15 (4) 20 M 1/66

director, page 3 should be filed v

requires that the death certificate be executed within 24 haurs after death

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State Dept.

physician

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TO FUNERAL DIRECTOR: After

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TO HOSPITAL Page 4 may b

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Section 2 and Probabilities and Expert 1 and Other Property FOR STATE HEALTH DEPT.

STATE 15756

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL FYAMINER'S CERTIFICATE OF DEATH

15759

10:00	
1. PLACE OF DEATH e. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 8. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown years	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Chestertown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Water St.	d. STREET ADDRESS Water St. 0. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle OF COLEMAN Samuel W. Coleman	Lest 4. DATE Month Day Year OF DEATH NOV. 16, 1966 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 1 1 1 1 1 1 1 1	8. DATE OF BIRTH 12/29/1923 9. AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS AGE (In yeers IFUNDER 1 YEAR IFUNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer Commersial Printing	11. BIRTHPLACE (Stete or foreign country) Phila. Pa. 12. CITIZEN OF WHAT COUNTRY? USA
Wilmer B. Coleman	14. MOTHER'S MAIDEN NAME Helen Huling
(Vac no av unhaum) (16 use sine way as dates of carelos)	ose Coleman Chestertown, Md. (Wife)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Unknown	INTERVAL BETWEEN ONSET AND DEATH
	headaches for a number of years. r. Was seen by neurosurgeon. No
underlying cause last. Said to have shown cand	tal or sigmoid polyp removed recent: cer. Death occured following 2 con-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY OF CONTRIBUTING OF THE PRIMARY	sequence with complaint of
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor 20m. 19 at work 20m.	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) Chestertown Kent Md.
21. I certify that I took charge of the remains described above, he	Id an Autopsy, Inspection 本, Inquiry, and In my opinion icide, HomicIde, Undetermined manner 本
ACTUAL RELITY JOHN Kent Co.	CHIEF MEDICAL EXAMINER
EXAMINER'S Robert W. Farr Chestertow	m, Madress (Street, city, town, or county) 11/17/66
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS Burial 11/19/66 Chester Ce	emetery Chestertown, Md. (State)
24. (UNERAL DIRECTOR Chestertown,	Md. NO 2 1 1966 Jacober Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

be executed within 24 hours after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate

CERTIFICATE OF DEATH

2 and 2 death. funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY by the run. Pages 1 Kent ve carbon papers. Pages 1 event, within 72 hours after MARYLAND Marvland Kent c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 23 DAYS Betterton e. IS RESIDENCE ON A FARM? .= d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled Kent & Queen Anne's Hospital None YES NO IX remave carbon 3. NAME OF Middle Lost 4. DATE Month .Day Year. completely 26 DECEASED OF (Type or print) Wilbur Edward Daggett DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years los Bbirthdoy) Hours 1-19-1893 and in any White Male WIDOWED XX DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease COUNTRY? rica during most of working life, even if retired) Whiskey Salesman CION New York Salesman (Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, Emma Jean Richards Rufus Elmer Daggett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address affendi (Yes, no, or unknown) (If yes give wor or dates of service permit. 217-01-9442 Hospital Records CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY a Dundanca ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Canditions, if ony, which gove rise to immediate couse (a). DUE TO as been so the prior take stating the underlying cause lost. 19. WAS AUTOPS has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION USe detached for use te Dept. of Health NO KI this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. Not While State [at wark at wark FUNERAL DIRECTOR: After pe 11-26.19 60 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram_ 1966, ta directar, page 3 shauld shauld be filed with the 19.66, and that death accurred at 11.50 DM, fram causes and an the date stated above. 11-26 saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 25g. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) Miliantes 20 M 1/66

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY SEVEN THE Park to the state of the state 15760 through the parties of bally and a first

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF PEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15758 CERTIFICAT	E OF DEATH	15761						
1. PLACE OF DEATH a. COUNTY Kent b. CITY OR TOWN (if outside corporete limits, sprite RURA) and poive negrest lown) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	Kent						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF DECEASED (Type or print) Albert Spencer We	essel 4. DATE Month OF DEATH November	28 19 66						
5. Sex 6. SOLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH Oct. 22, 1901 9. AGE (In years IF UNDER Months Mont							
10e. USUAL OCCUPATION (Give kind of work doae during most of working life, even if refired) Cquip. Operator State Roads 13. FATHER'S NAME William Henry Wessel	11. BIRTHPLACE (County & Stote, or foreign country) 12. C Q.A. Co. Maryland 14. MÖTHER'S MÄIDEN NAME Lena Story	USA						
(Ves no or unknown) (Mysesius unreadstantian)	INFORMANT Address Mrs. Katherine Wessel-Chestert	interval between onset and death						
Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last.	à comaz antry diane	1 year						
OR CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY PERFORMED? YES NO						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pi	PLACE OF INJURY (Home, ferm, 20f. (City or town) (Coactory, streat, office bldg., etc.)	ounty) (State)						
21. I certify that (I) (this hospital) attended the deceased from								
22c. PHYSICIAN'S NAME (Type) A.C. Dick M.D.		11-29-66						
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER. REBUYAL (Specify) Peci. 1 Cheste		aryland (State)						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR	S SIGNATURE						

VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15759

CERTIFICATE OF DEATH

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	1. PLACE OF DEATH g. COUNTY					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY								
	(KENT	MAR	MARYLAND KENT									
	ŀ	CITY OR TOWN (If	autside corporate limits,	c. LENGTH OF STAY	c. CITY OR TOWN (If autside carparate limits, write RURAL a				JRAL and give	e nearest	tawn)			
		write RURAL and CH	18 day	S		WORTO	N		/	14.1				
	CHESTERTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give						d. STREET AL					е.	IS RESIDE ON A FAR	
1			UFEN ANNES HO	SPIT	AI,							YI	ES N	
		NAME OF DECEASED	First		Middle		Last		4. DATE OF	Mar	nth	Day	Year	
	(Type or print)	GEORGE		y THOMAS	-	MATLIT		DEATH			12	196	6
	5. 5	SEX	6. COLOR OR RACE 7. A	ARRIED	NEVER MARRIE	D 🗌	B. DATE OF BIE	RTH	9). AGE (In years last birthday)	Manths Manths	Doys	Haurs 1	Min.
		MALE	WHITE W	IDOWED	DIVORCE	D 🔲	2/21/	1910		56 yrs.	Months	5075	110013	771111.
	10a.	USUAL OCCUPATION	(Give kind af wark dene		D OF BUSINESS OR		11. BIRTHPL	ACE (County 8	State, or fa	reign country)		TIZEN OF UNTRY?	WHAT	7
	guri	ng most of working li CLFRK			USTRY EEN ANNES	FOIL	PMENT	KEN	r co.i	MARYLAND	1	AER TO	Δ	
	13.	FATHER'S NAME		4.1 106.1.1			14. MOTHER	S MAIDEN N	AME			that all the sale of		
		GEORGE	THOMAS WILL	ANG	TD	(L)	ISA	BELLA	N	MN VAN	DYKE		(D)	
	15.	WAS DECEASED EVER	IN ILS ARMED FORCES?	16 5	OCIAL SECURITY NO.		NFORMANT		-	Add	ress			
	(Ye	NO (If yes give war ar dates of serv	21	2-03-1636		HOSPIT	AL RE	CORDS	CHEST	ERTOWN	V, MA	RYLA	ND
			ATH (Enter anly one couse pe	r line for (a), (b), and (c).)			-		0)		VAL BETW	
94		PART 1. DEATH	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Can		0 0	1	oin	no	al coto	~	18 C	T AND DE	AIH
11		1533	DUE TO			7		0						
31		Conditions, if any, which gave) (b)												
7		rise ta immediate cause (a), stating the underlying couse DUE TO												
		last. (c)												
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								19. \	VAS AUTOP	PSY		
2		M. O . O O.											N N	
	FIG	20a. ACCIDENT WAS	UNDERLYUNG	205. DES	CRIBE HOW INJURY (CCURRED.	(Enter noture o	f injury in P	art I ar Par	t II of item 1B.)				
	CERTIFICATION	OR CONTRIBUTING D												
	MEDICAL		RY Month, Day, Year	20d. 1N	IURY OCCURRED	20e. PLA	CE OF INJURY (Home, form.	20f.	(City or town)	(Cor	unty)	(St	tote)
	WED	Haur a.m		While	Not While		ary, street, offic							
		p.m	y that (1) (this haspita	at wark		fram	10/	05 16	966_101	to 77/7	0 10/	/ +be	ot (I) (w	(a) Jaci
			ceased alive an	37 /	10 //	and tha	t death acc	urred at-	10.20	fram causes	and on t	he date	stated	ahave
		220. SIGNATURE	ceased dilve dil		11-00	C C	i dodin dec	01100 01	2:30	in, train grases		ATE SIGNE		abave
		ZZO. SIGNATIONE		a	15576	M.1	D. PHYS.	G	MED. DIRECTOR	STAFF PHYS.			-66	5
	П	22c. PHYSICIAN'S			1000		22d. AD		DIRECTOR	71113.			-	
1		NAME (Type)	Dr. A. C. I	ick				Cheste	ertown	a. Maryl	and			
1	230	BURIAL, CREMATION			23c. NAME OF CEN	NETERY OR				CATION (City or T		(County)	(Sta	ite)
		BREMOVAL (Specify)	11-1/4-		Chest					sterto				
1	-	FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D			REGISTRAR'S S		-	
1		arvin V.	Williams	Cr	esterto	wm,	Md.	DATE N	01/ 7	0 1000	Ocho	,	0	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15760

CERTIFICATE OF DEATH

15763

NE N		20000		100000				
and		PLACE OF DEATH		SELECT OF THE PERSON NAMED IN			Where deceased lived, if institution	
funeral and er deat		a. CDUNTY	7/		MARYLAND	a. STATE	b. COUN	
ges lafter		CITY DD TOWN! (Kent		c LENGTH OF STAY IN 16		yland outside carparate limits, write RUR	Kent
the sales		write RURAL and	If autside carparate limit d give nearest tawn)	S,	C. LENGTH OF STAT IN 10	C. CHT OK IOWN (II O	utside carparate ilmiis, wille kuki	AL did give fiedresi idwir)
by the f Pages ours afte			ertown		35 min	Rock	Hall	141
in Sign			AL OR INSTITUTION (If no	ot in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
pa di	67		O A					YES NO TO
filled r pape thin 7					spital, Inc.	H	4. DATE Month	
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campletely ave carbar y event, wi	S.	SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	8. DATE DF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min,
	T	'emale	White	WIDOWED	DIVDRCED	10-10-42	21, yrs.	Months Doys Hoors Mill.
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signed by the att burial-transit perr burial, crematian,		Canditians, if any		(b) 0000	peratory 1	ufection		10 days
		stoting the unde		TD		/		
icate has been far use as the Health priar ta	3	last.)	(c)				
as as		PART II. DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CD	ONDITION GIVEN IN PART 1(0)	19. WAS AUTDPSY
this certificate has letached far use a s Dept. af Health pr	CERTIFICATION	-						PERFORMED? YES ND W
are ur	SE SE	20a. ACCIDENT WA	S LINDEDIVING [7]	20h DE	SCRIBE HOW INJURY DCCURRED.	(Enter nature of injury in	Port Lor Port II of item 18	
	ERTI	DR CONTRIBUTING	CAUSE OF DEATH	203. DL	JERIDE HOW HOOK! DECORRED.	(Enter nerote of injer) in	ron ron ron non nom ro.,	
hec ot. c	7		MEDICAL EXAMINER)				Loot to:	10 10
tac Dep	MEDICAL	20c. TIME DF INJI Haur a.i	URY Manth, Day, Year	20d. IN While		CE DF INJURY (Home, for tory, street, office bldg., etc		(County) (Stote)
ter the de de tate	M	p.r	10	at wark		iory, sireer, orrice blug., erc	"1	
Vffe be Sta		21 certi	ify that (1) (this has	spitol) otteno	ded the deceased from_	11-11	19606 to 11-11-	, 19that (1) (we) last
RECTOR: After this certi 3 shauld be detached with the State Dept. at			eceased alive an		19 6 a ond the	t deoth occurred o	Kare M, from couses	and on the date stated above.
5 th		22a. SIGNATURE		1				22b. DATE SIGNED
TO FUNERAL DIRECTOR: After this cendirector, page 3 shauld be detache shauld be filed with the State Dept.			Ocher V	tour	M	D. PHYS.	MED. DIRECTOR PHYS.	11/14/66
E age		22c, PHYSICIAN'S	00	2 - 1	1 -	22d. ADDRESS	+++	1- 1
RAI		NAME (Type	KIMEK	er v	V. HARR	Clie	steriour,	ma-
NE LIA	230	, BURIAL, CREMATIC	ON. 23b. DATE TH	IFREOF	1 23c. NAME DF CEMETERY OR	CREMATORY	23d. LDCATION (City or Tov	vn) (County) (State)
F. indi	230	REMDVAL (Specify	A		Wesley (CHAPEL	ROCK HAL	LEENT MD.
500	0.	BURIAL	140.	14	ADDRESS	The second second	111	GISTRAR'S SIGNATURE
VR A15 (4)	1	FUNERAL DIRECTO	66	100) (ADDRESS -	. 0 10 11		Charles Judge
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to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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